

## Appendix II: Links to Research Findings and Methodologies

Indicate the Web site addresses for any additional sources of information regarding your State's research work, including detailed data spreadsheets, cross-tabs, focus group and key informant interview summary reports, survey instruments, and summaries of research methodology.

This information will be made available once our data collection efforts are complete. Results of the 1996 Utah Health Status Survey along with numerous other Utah Department of Health publications is available at: <http://www.health.state.ut.us/action2000/>. Results of studies completed by the Utah State Planning Grant will be posted on the project web-site at: <http://www.health.state.ut.us/cu2002>.

Copies of the 2001 Utah Health Status Survey, Utah Employer Health Insurance Survey, Individual Discrete Choice Survey Materials, and Employer Discrete Choice Survey Materials are attached. Please note that the attached versions of the discrete choice instruments are representative of the instruments used. Actual surveys depict hundreds of variations across a range of available plans, benefit packages, and cost-sharing combinations.

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<sup>1</sup> The CPS uses a different methodology than that used in the Utah Health Status Survey, so the two are not directly comparable. The CPS does, however, provide annual rates that can be used to assess trends and in comparing Utah to other states.

<sup>2</sup> The number of Utahns who were uninsured was estimated by multiplying the estimated number of persons in the population by the estimate for percentage uninsured. Estimates of the percentage of persons who were uninsured was derived by adjusting the 1996 Utah Health Status Survey estimate by the percentage change in the 3-year moving average of the Current Population Survey, U.S. Census Bureau.

<sup>3</sup> Data sources: Estimates of the percentage of Utah children in poverty and percentage uninsured were from the 2000 Utah Child Health Survey. US Census population estimates by age group had not been released as of the publication date of this report. The GOPB population projection for this age group was modified by the ratio of the 2000 GOPB estimate: 2000 US Census estimate for the total population.

<sup>4</sup> Includes only persons whose primary status is "student."

<sup>5</sup> Data were insufficient to estimate insurance coverage for racial and ethnic minorities.

<sup>6</sup> Analysis of the Costs and Impact of Universal Health Care Coverage Under a Single Payer Model for the State of Vermont; August 2001. Prepared for: HRSA State Planning Grant, Office of Vermont Health Access.

<sup>7</sup> Information about Muskegon county's Access Health program can be found at <http://www.access-health.org>



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**OFFICE OF THE  
EXECUTIVE DIRECTOR**

**COVERING THE UNINSURED  
IN 2002 PROJECT**

Dear <insert name>

Earlier this year you, or someone in your household, participated in the Utah Health Status Survey. Thank you for your contribution to this important project. The information provided is essential in helping us understand the healthcare needs of all Utahns, as well as the need for improvements in health care coverage.

This follow up survey will help us develop alternative health coverage options for many Utahns who presently have difficulty affording adequate medical care.

During the Utah Health Status Survey, we discussed the health care needs of <insert recruit>. *This follow up survey should be completed by that person.* We need these answers to help us design the *best* and most affordable alternatives for similar people in Utah. Without this help we risk creating options that would fail to meet these needs, and no one would benefit from that outcome.

The enclosed gift is a small token of our appreciation for your help with this project.

Participation is completely voluntary. The answers will have no effect on current health care coverage or the options currently available. All of the answers will remain completely confidential. Names and addresses will never be associated with the answers. The code numbers that appear on the survey are to assist with data entry only.

While this survey may appear long, there are actually only a few questions. Our experience suggests that it will take most people between 10 and 20 minutes to complete.

If any assistance is required, please call us **toll-free** at **<ADVANIS INSERT NUMBER HERE>**. **Ask for Sue Day.**

When you are done, place the survey in the enclosed self-addressed postage-paid envelope and put it in the mail. If you prefer, you can call us on the phone number listed above and give us your answers over the phone.

We would appreciate your returning in the survey in the enclosed envelope within one week.

*Your help will make a difference.*

Thank you in advance for taking the time and effort to help.

Shane Carlson  
Project Manager  
Covering the Uninsured 2002  
Utah Department of Health

## GLOSSARY – PAGE 1

**Standard Health Plans:**

**Fee-for-Service (Traditional Insurance):** You can choose any doctor you wish and submit claims to your insurance company for medical expenses. The insurance company will reimburse you or your doctor for a percentage of approved medical expenses. These plans charge a monthly premium but not a co-payment for each doctor visit.

**HMO (Health Maintenance Organization):** Prepaid health plans in which you pay a monthly premium and a co-payment for each doctor or hospital visit. The HMO covers the rest of your medical expenses. The plan will not usually pay for medical services you receive from doctors or facilities outside the HMO network. Your primary care physician coordinates your care and makes referrals to any specialists.

**PPO (Preferred Provider Organization):** A network of doctors, clinics & hospitals that provide medical services at discounted costs to PPO members. You can also use non-network doctors and facilities, but these will be more expensive. You make you own decisions about their health care rather than going through a primary care physician.

**POS (Point-of-Service):** A plan that combines features of health maintenance organizations (HMOs) and preferred provider organizations (PPOs). You pay a co-payment when using network facilities (like an HMO) or pay a co-insurance charge for the services of non-network providers (like a PPO).

**Where Health Plans are purchased**

**Through an employer:** Health care plans are selected by the employer and premiums are deducted from the employee's paycheck. In many cases the employer pays part of your monthly premium.

**Direct from an insurance company:** The health care plan is purchased from and premiums are paid directly to an insurance company.

**State or Federal Government:** Health care plans or programs offered by or through federal or state government.

**Coverage**

These are the medical procedures and expenses that your plan agrees to pay. Different policies provide different amounts of coverage. For the purposes of this survey, coverage is broken down into four categories:

Primary Care	Catastrophic Coverage
<ul style="list-style-type: none"> <li>✍ Diagnostic services (x-rays, etc)</li> <li>✍ Preventative care and Immunizations</li> <li>✍ Emergency, Ambulance &amp; Urgent care</li> </ul>	<ul style="list-style-type: none"> <li>✍ Hospital &amp; related surgical services</li> </ul>
Specialist Services	Extra Benefits
<ul style="list-style-type: none"> <li>✍ Surgeon &amp; Anesthesia</li> <li>✍ Orthopedic Care</li> <li>✍ Cardiologist</li> <li>✍ Endocrinology</li> <li>✍ And Etc.</li> </ul>	<ul style="list-style-type: none"> <li>✍ Pharmacy &amp; Prescriptions</li> <li>✍ Dental care (cleaning, fillings, etc.)</li> <li>✍ Vision care (exams &amp; lenses)</li> <li>✍ Mental health &amp; Substance abuse</li> <li>✍ Maternity &amp; Prenatal</li> <li>✍ Medical equipment &amp; Home care</li> <li>✍ Physical therapy</li> <li>✍ Alternative Medicine</li> </ul>

(Continued on the Other Side)

## GLOSSARY – PAGE 2

**Where care is accessed**

**Community Health Center:** Some plans would require you to visit a local health clinic to receive basic health care services. These facilities are located in communities throughout the state, many times attached to a local hospital.

**Approved Providers:** These plans require you to visit doctors and facilities that are either owned by the health care provider or are members of the health care network. Network members agree to provide services at reduced costs.

**Provider of Your Choice:** You can visit any doctor or facility to receive care.

**Fees & Premiums**

**Monthly Premiums:** A fee you pay each month to maintain your coverage

**Annual Enrollment fees:** A fee you pay each year to enroll in the health plan. Plans that have an annual fee do not have monthly premiums.

**Co-Pay:** A flat fee, for example \$10, you pay every time you receive care. The health plan pays the rest of the cost for medical services. Co-pays can apply to a variety of different types of care including outpatient office visits, pharmaceuticals, dental care, and etc.

**Co-Insurance:** The percentage of your medical services your health care plan will pay, usually for inpatient hospitalization or to visit a doctor not on an approved provider list. For example, if your plans pay 80% of expenses, you must pay 20%.

**Deductibles & Exclusions**

**Deductible:** The amount you must pay each year for your medical care expenses before your plan starts paying. In Section B, *please assume that any new plans have no deductibles.*

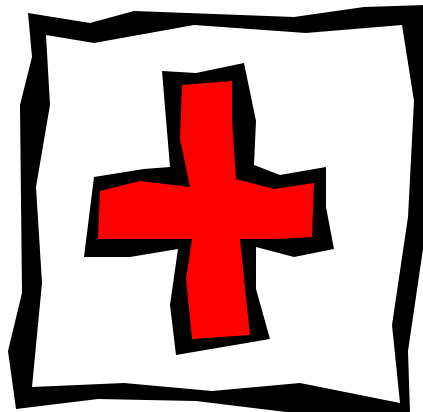
**Preexisting Condition:** A health problem that existed before the date your insurance became effective. In section B, *please assume that there are no pre-existing condition restrictions on any of the plans.*

**Exclusions:** Specific conditions or circumstances for which the policy will not provide benefits. In section B, *please assume that any exclusion policies are the same for all plans.*

**Waiting periods:** Periods of time you must wait before you can access coverage benefits. In section B, *please assume that there are no waiting periods for you to qualify for any of these plans.*

(Continued on the Other Side)

# Utah Health Coverage Survey



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T1

**ABOUT THIS SURVEY**

The state of Utah is studying a variety of new health coverage alternatives for qualified residents. The Utah Department of Health wants your help in determining the combination of health care benefits, services, and prices that are most attractive and important to you.

This survey will help the Department of Health understand your preferences for health care coverage. Your answers will also help us estimate the number of Utahns like yourself who would participate in one of these plans.

Your participation is voluntary and completely confidential. Your answers will not affect any health care coverage you currently have or the options currently available to you.

The survey begins with some basic questions about health care coverage. These questions are followed by a section showing a series of health plan scenarios. Each scenario contains a variety of hypothetical health coverage plans from which you could choose. The scenarios will differ from one another in the types of plans available and the specific features of each plan. You will be asked to decide whether or not you would purchase one of these plans if they were offered to you. Finally, the survey ends with a few questions about you and your household.

Mark your answers directly on the survey. Return the survey to us in the enclosed self-addressed and postage-paid envelope OR call us back at the number below and give us your answers directly over the phone.

The codes on the bottom of the survey are only required to track your version of the survey. Your responses are strictly confidential and your input is greatly appreciated.

Feel free to call the number below if you have any questions about the survey or how to complete and return your responses.

Thank you,

Sue Day

<ADVANIS TO INSERT TOLL FREE NUMBER HERE>

**Section A: Health Coverage Experiences**

This section asks a few questions about your experiences with currently available Health Insurance plans.

Q1: Do you currently have health insurance? (☑ **ONE**)

☑<sub>1</sub> Yes

☑<sub>2</sub> No

*The rest of the questions on this page ask you to describe a health coverage plan.*

**If you answered YES**

☑

Please select the answers that will best describe the plan that...

you current health plan.

If you have more than one plan, describe your primary plan.

**If you answered NO**

☑

Please select the options that will describe the health plan that

you would buy,

if you were to purchase one.

**Please read the attached glossary for definitions of the terms used below. If you are unsure of any answer, please make your best guess.**

Q2: What type of insurance plan is this: (☑ **ONE**)

- ☑<sub>1</sub> Traditional Insurance - Fee-for-service
- ☑<sub>2</sub> Preferred Provider Organization (PPO)
- ☑<sub>3</sub> Health Maintenance Organization (HMO)
- ☑<sub>4</sub> Point-of-Service plan (POS)
- ☑<sub>5</sub> Medicaid or Medicare

Q3: From whom do you get this health care coverage? (☑ **ONE**)

- ☑<sub>1</sub> Through your or a family members' employer
- ☑<sub>2</sub> Purchased directly from a health insurance company
- ☑<sub>3</sub> A state or federal government program

Q4: Where do you go to get health care service? (☑ **ONE**)

- ☑<sub>1</sub> Community health clinic
- ☑<sub>2</sub> Doctors or hospitals approved by the plan
- ☑<sub>3</sub> Any doctor or hospital you choose

Q5: How much is the annual enrollment fee (if any)?  
(write in the approximate amount, if no fee, write 0)

\$\_\_\_\_\_ per year

Q6: How much is the monthly premium?  
(write in the approximate amount, if no fee, write 0)

\$\_\_\_\_\_ per month

Q7: How much is the typical co-payment for an outpatient doctor visit?  
(write in the approximate amount, if no fee, write 0)

\$\_\_\_\_\_ per doctor visit

Q8: How much is the deductible – for a single person?  
(write in the approximate amount, if none, write 0)

\$\_\_\_\_\_ per year

Q9: What percent of your inpatient hospital expenses does your health plan cover?  
(☑ **ONE** for the percent of expenses your health care **plan pays** for inpatient hospital services)

- ☑<sub>1</sub> 50%
- ☑<sub>2</sub> 60%
- ☑<sub>3</sub> 70%
- ☑<sub>4</sub> 80%
- ☑<sub>5</sub> 90%
- ☑<sub>6</sub> 100%



Q10: What services are covered under this plan? (☐ **ANY** benefits that are covered)

**a** Primary Care (for example)

Diagnostic services (x-rays, etc.)  
Preventative care & Immunizations  
Emergency, Ambulance, Urgent care

**b** Catastrophic Coverage (for example)

Hospital & related surgical services

**c** Specialist Services (for example)

Other Surgeon & Anesthesia  
Orthopedic Care  
Cardiologist  
Endocrinologist

**Extra Benefits**

**d** Pharmacy & Prescriptions

**e** Dental care (cleaning, fillings, etc.)

**f** Hearing & Vision care

**g** Mental health & Substance abuse

**h** Maternity & Prenatal

**i** Medical equipment & Home care

**j** Physical therapy

**k** Alternative Medicine

## Section B: Future Health Plan Choices

The next set of 8 questions asks you to make choices about your health coverage at some point in the future. For each question you should imagine that these are your health coverage options next year.

In each scenario, you will be asked to choose to purchase one of the new health care coverage plans or to stick with your current situation – whether that is to maintain your current health coverage if you have it or to go without if you don't currently have health coverage.

An example is shown on the next page.

1. Notice there are four different options from which to choose. Three of these, Plan A, B and C are new options. The last option is to stay with your current situation. In some situations, not all of these will be available.
2. Some health plan options may only be available through an employer. If you are not employed, please choose as if you were employed.
3. Compare the different health plans. They provide different levels of benefit coverage and provide you with different choices for where you can go to get health care.
4. Notice that these options also differ in their costs. Some have annual fees others have monthly premiums. Also note any co-payments and what percent of other insurance costs will be paid by the health plan.
5. Tick the box under the plan you think you would purchase if these were offered to you.
6. If you don't believe you would purchase any of these new plans you should choose to stick with your current situation.

**Future Health Care Coverage Choice – Example**

**1** There are 4 options available.

**2** Some options are available through your employer. If you are not employed, imagine that you would be employed and that this plan is available to you.

**3** Compare the benefits covered and where you go to get health care.

**4** Note that the plans have different costs - some per year and some per month. They also pay different percentages of medical expenses.

Which ONE alternative would you choose?  
(=the last option if you choose none of the new plans.)

**5** Choose the one option you would most likely choose in the future if these were offered.

**6** You can always choose to stick with your current situation – that is your current care health coverage plan or no health care coverage, if you have none currently.

	Health Plan A	Health Plan B	Health Plan C	None of These
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office	Eligibility Screening & Health Plan organized through your Employer	No Screening, Health Plan organized through Your Employer	
<b>Benefit Coverage</b>				
<i>Primary Care...</i>	Included	Included	Included	I would stay with my current situation:  Either
<i>Catastrophic Coverage...</i>	----	Included	Included	
<i>Specialist Services...</i>	Included	Included	Included	
<i>Benefits...</i>	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay) Limited Dental	Pharmacy (\$5 co-pay)	
	----	----	Mental Health (\$20 co-pay)	
<b>Approved Providers</b>		Community Health Center		
<b>Monthly Premium</b>				
<i>Cost for Outpatient Doctor Visit</i>	You pay \$60 per year	n/a		
<i>Cost for Inpatient Hospital Care</i>	n/a	You pay \$0 per month		
	You pay \$15 per visit	You pay \$15 per visit		
	n/a	You pay 10% Plan pays 90%		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

In the example, the person who answered this question chose Health Plan B.

You may prefer a different plan or to stay with your current situation.

**Future Health Plan Choice A**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office	Eligibility Screening & Referral to Insurance Co. by State of Utah	No Screening, Health Plan organized through Your Employer	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>				
<i>Primary Care...</i>	Included	Included	Included	
<i>Catastrophic Coverage...</i>	---	Included	Included	
<i>Specialist Services...</i>	Included	Included	Included	
<i>Extra Benefits...</i>	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
	---	Limited Dental	---	
	---	---	---	
	---	Mental Health Care	Mental Health (\$20 co-pay)	
<b>Where You Go to Get Care</b>	Community Health Center	Approved Providers	Community Health Center	
<b>Annual Fee</b>	You pay \$60 per year	n/a	n/a	
<b>Monthly Premium</b>	n/a	You pay \$90 per month	You pay \$35 per month	
<b>Cost for Outpatient Doctor Visit</b>	You pay \$5 per visit	You pay \$10 per visit	You pay \$20 per visit	
<b>Cost for Inpatient Hospital Care</b>	n/a	You pay 0% Plan pays 100%	You pay 10% Plan pays 90%	
<b>Which ONE alternative would you choose?</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
( <input type="checkbox"/> the last option if you choose none of the new plans.)	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>

**Future Health Plan Choice B**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>		<b>Eligibility Screening &amp; Health Plan organized through your Employer</b>	<b>No Screening, Health Plan organized through Your Employer</b>	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>	Not Available			
<i>Primary Care...</i>		Included	Included	
<i>Catastrophic Coverage...</i>		Included	Included	
<i>Specialist Services...</i>		Included	Included	
<i>Extra Benefits...</i>		Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
		Limited Dental	---	
		---	---	
		---	---	
<b>Where You Go to Get Care</b>		Approved Providers	Approved Providers	
<b>Annual Fee</b>		n/a	n/a	
<b>Monthly Premium</b>	You pay \$0 per month	You pay \$45 per month		
<b>Cost for Outpatient Doctor Visit</b>	You pay \$20 per visit	You pay \$15 per visit		
<b>Cost for Inpatient Hospital Care</b>	You pay 0% Plan pays 100%	You pay 10% Plan pays 90%		
<b>Which ONE alternative would you choose?</b>	✍	✍✍	✍✍	✍✍
(✍the last option if you choose none of the new plans.)	✍	✍2✍	✍3✍	✍4✍

**Future Health Plan Choice 1**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office	Eligibility Screening & Health Plan organized through your Employer		
<b>Benefit Coverage</b>			<b>Not Available</b>	I would stay with my current situation:  Either no plan or my current health plan
<i>Primary Care...</i>	Included	Included		
<i>Catastrophic Coverage...</i>	---	Included		
<i>Specialist Services...</i>	Included	Included		
<i>Extra Benefits...</i>	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)		
	---	Limited Dental		
<b>Where You Go to Get Care</b>	Community Health Center	Approved Providers		
<b>Annual Fee</b>	You pay \$40 per year	n/a		
<b>Monthly Premium</b>	n/a	You pay \$0 per month		
<b>Cost for Outpatient Doctor Visit</b>	You pay \$15 per visit	You pay \$20 per visit		
<b>Cost for Inpatient Hospital Care</b>	n/a	You pay 20% Plan pays 80%		
<b>Which ONE alternative would you choose?</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
( <input checked="" type="checkbox"/> the last option if you choose none of the new plans.)	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/>

**Future Health Plan Choice 2**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office		No Screening, Health Plan organized through Your Employer	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>		Not Available		
<i>Primary Care...</i>	Primary Care		Included	
<i>Catastrophic Coverage...</i>	Catastrophic Coverage		Included	
<i>Specialist Services...</i>	Specialist Services		Included	
<i>Extra Benefits...</i>	Pharmacy (\$5 co-pay)		Pharmacy (\$5 co-pay)	
	---		Limited Dental (\$15 co-pay)	
	---		---	
	---		Mental Health (\$20 co-pay)	
<b>Where You Go to Get Care</b>	Approved Providers		Approved Providers	
<b>Annual Fee</b>	You pay \$20 per year		n/a	
<b>Monthly Premium</b>	n/a	You pay \$55 per month		
<b>Cost for Outpatient Doctor Visit</b>	You pay \$15 per visit	You pay \$15 per visit		
<b>Cost for Inpatient Hospital Care</b>	n/a	You pay 20% Plan pays 80%		
<b>Which ONE alternative would you choose?</b>	✍ ✍	✍	✍ ✍	✍ ✍
(✍ the last option if you choose none of the new plans.)	✍ 1 ✍	✍	✍ 3 ✍	✍ 4 ✍

**Future Health Plan Choice 3**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>		<b>Eligibility Screening &amp; Health Plan organized through your Employer</b>	<b>No Screening, Health Plan organized through Your Employer</b>	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>	Not Available			
<i>Primary Care...</i>		Included	Included	
<i>Catastrophic Coverage...</i>		Included	Included	
<i>Specialist Services...</i>		Included	Included	
<i>Extra Benefits...</i>		Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
		Limited Dental	---	
		---	---	
		Mental Health Care	---	
<b>Where You Go to Get Care</b>		Approved Providers	Community Health Center	
<b>Annual Fee</b>		n/a	n/a	
<b>Monthly Premium</b>	You pay \$0 per month	You pay \$35 per month		
<b>Cost for Outpatient Doctor Visit</b>	You pay \$15 per visit	You pay \$5 per visit		
<b>Cost for Inpatient Hospital Care</b>	You pay 30% Plan pays 70%	You pay \$50		
<b>Which ONE alternative would you choose?</b>		2	3	4
( the last option if you choose none of the new plans.)		2	3	4

**Future Health Plan Choice 4**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>		Eligibility Screening & Referral to Insurance Co. by State of Utah	No Screening, Health Plan organized through Your Employer	I would stay with my current situation:  Either no plan or my current health plan
<i>Benefit Coverage</i>	Not Available			
<i>Primary Care...</i>		Included	Included	
<i>Catastrophic Coverage...</i>		Included	Included	
<i>Specialist Services...</i>		Included	Included	
<i>Extra Benefits...</i>		Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
		Limited Dental	Limited Dental (\$15 co-pay)	
		---	---	
		Mental Health Care	---	
<b>Where You Go to Get Care</b>		Approved Providers	Community Health Center	
<b>Annual Fee</b>		n/a	n/a	
<b>Monthly Premium</b>	You pay \$90 per month	You pay \$45 per month		
<b>Cost for Outpatient Doctor Visit</b>	You pay \$5 per visit	You pay \$10 per visit		
<b>Cost for Inpatient Hospital Care</b>	You pay 10% Plan pays 90%	You pay 10% Plan pays 90%		
<b>Which ONE alternative would you choose?</b>	✍	✍✍	✍✍	✍✍
(✍the last option if you choose none of the new plans.)	✍	✍2✍	✍3✍	✍4✍



**Future Health Plan Choice 5**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>		<b>Eligibility Screening &amp; Health Plan organized through your Employer</b>	<b>No Screening, Health Plan organized through Your Employer</b>	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>	Not Available			
<i>Primary Care...</i>		Included	Included	
<i>Catastrophic Coverage...</i>		Included	Included	
<i>Specialist Services...</i>		Included	Included	
<i>Extra Benefits...</i>		Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
		Limited Dental	---	
		Hearing & Vision	---	
		---	---	
<b>Where You Go to Get Care</b>		Approved Providers	Community Health Center	
<b>Annual Fee</b>		n/a	n/a	
<b>Monthly Premium</b>		You pay \$0 per month	You pay \$55 per month	
<b>Cost for Outpatient Doctor Visit</b>		You pay \$5 per visit	You pay \$10 per visit	
<b>Cost for Inpatient Hospital Care</b>		You pay 0% Plan pays 100%	You pay \$50	
<b>Which ONE alternative would you choose?</b>	✍	✍✍	✍✍	✍✍
(✍the last option if you choose none of the new plans.)	✍	✍2✍	✍3✍	✍4✍

**Future Health Plan Choice 6**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office	Eligibility Screening & Health Plan organized through your Employer	No Screening, Health Plan organized through Your Employer	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>				
<i>Primary Care...</i>	Included	Included	Included	
<i>Catastrophic Coverage...</i>	---	Included	Included	
<i>Specialist Services...</i>	---	Included	Included	
<i>Extra Benefits...</i>	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
	---	Limited Dental	Limited Dental (\$15 co-pay)	
	---	Hearing & Vision	---	
	---	Mental Health Care	Mental Health (\$20 co-pay)	
<b>Where You Go to Get Care</b>	Community Health Center	Approved Providers	Approved Providers	
<b>Annual Fee</b>	You pay \$60 per year	n/a	n/a	
<b>Monthly Premium</b>	n/a	You pay \$0 per month	You pay \$25 per month	
<b>Cost for Outpatient Doctor Visit</b>	You pay \$5 per visit	You pay \$10 per visit	You pay \$20 per visit	
<b>Cost for Inpatient Hospital Care</b>	n/a	You pay 10% Plan pays 90%	You pay \$300	
<b>Which ONE alternative would you choose?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
( <input type="checkbox"/> the last option if you choose none of the new plans.)	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>

**Future Health Plan Choice 7**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office	Eligibility Screening & Health Plan organized through your Employer	No Screening, Health Plan organized through Your Employer	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>				
<i>Primary Care...</i>	Included	Included	Included	
<i>Catastrophic Coverage...</i>	---	Included	Included	
<i>Specialist Services...</i>	Included	Included	Included	
<i>Extra Benefits...</i>	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
	---	Limited Dental	---	
	---	Hearing & Vision	---	
	---	---	Mental Health (\$20 co-pay)	
<b>Where You Go to Get Care</b>	Community Health Center	Approved Providers	Approved Providers	
<b>Annual Fee</b>	You pay \$60 per year	n/a	n/a	
<b>Monthly Premium</b>	n/a	You pay \$0 per month	You pay \$55 per month	
<b>Cost for Outpatient Doctor Visit</b>	You pay \$1 per visit	You pay \$5 per visit	You pay \$5 per visit	
<b>Cost for Inpatient Hospital Care</b>	n/a	You pay 10% Plan pays 90%	You pay \$300	
<b>Which ONE alternative would you choose?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
( <input type="checkbox"/> the last option if you choose none of the new plans.)	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>

**Future Health Plan Choice 8**

	Health Plan A	Health Plan B	Health Plan C	None of these
<b>Where Plan is Purchased</b>	Eligibility Screening & Health Plan organized at a Local State Office	Eligibility Screening & Health Plan organized through your Employer	No Screening, Health Plan organized through Your Employer	I would stay with my current situation:  Either no plan or my current health plan
<b>Benefit Coverage</b>				
<i>Primary Care...</i>	Included	Included	Included	
<i>Catastrophic Coverage...</i>	Included	Included	Included	
<i>Specialist Services...</i>	---	Included	Included	
<i>Extra Benefits...</i>	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	Pharmacy (\$5 co-pay)	
	---	Limited Dental	Limited Dental (\$15 co-pay)	
	---	Hearing & Vision	---	
	---	Mental Health Care	Mental Health (\$20 co-pay)	
<b>Where You Go to Get Care</b>	Approved Providers	Approved Providers	Community Health Center	
<b>Annual Fee</b>	You pay \$0 per year	n/a	n/a	
<b>Monthly Premium</b>	n/a	You pay \$0 per month	You pay \$45 per month	
<b>Cost for Outpatient Doctor Visit</b>	You pay \$10 per visit	You pay \$10 per visit	You pay \$10 per visit	
<b>Cost for Inpatient Hospital Care</b>	n/a	You pay 0% Plan pays 100%	You pay \$50	
<b>Which ONE alternative would you choose?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
( <input type="checkbox"/> the last option if you choose none of the new plans.)	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>

**Section C: About yourself**

This section asks a few questions about you. This information will only be used to compare your responses with other individuals and will be kept confidential.

- Q1: What is your gender? (Ⓢ **ONE**) Ⓢ<sub>1</sub> Male Ⓢ<sub>2</sub> Female
- Q2: What is your age? (Ⓢ **ONE**) Ⓢ<sub>1</sub> 18 to 24  
Ⓢ<sub>2</sub> 25 to 34  
Ⓢ<sub>3</sub> 35 to 54  
Ⓢ<sub>4</sub> 55 to 64  
Ⓢ<sub>5</sub> 65 or over
- Q3: In which County do you normally live? (Ⓢ **ONE**)
- |                           |                           |                            |
|---------------------------|---------------------------|----------------------------|
| Ⓢ <sub>01</sub> Beaver    | Ⓢ <sub>11</sub> Iron      | Ⓢ <sub>21</sub> Sevier     |
| Ⓢ <sub>02</sub> Box Elder | Ⓢ <sub>12</sub> Juab      | Ⓢ <sub>22</sub> Summit     |
| Ⓢ <sub>03</sub> Cache     | Ⓢ <sub>13</sub> Kane      | Ⓢ <sub>23</sub> Tooele     |
| Ⓢ <sub>04</sub> Carbon    | Ⓢ <sub>14</sub> Millard   | Ⓢ <sub>24</sub> Uintah     |
| Ⓢ <sub>05</sub> Daggett   | Ⓢ <sub>15</sub> Morgan    | Ⓢ <sub>25</sub> Utah       |
| Ⓢ <sub>06</sub> Davis     | Ⓢ <sub>16</sub> Piute     | Ⓢ <sub>26</sub> Wasatch    |
| Ⓢ <sub>07</sub> Duchesne  | Ⓢ <sub>17</sub> Rich      | Ⓢ <sub>27</sub> Washington |
| Ⓢ <sub>08</sub> Emery     | Ⓢ <sub>18</sub> Salt Lake | Ⓢ <sub>28</sub> Wayne      |
| Ⓢ <sub>09</sub> Garfield  | Ⓢ <sub>19</sub> San Juan  | Ⓢ <sub>29</sub> Weber      |
| Ⓢ <sub>10</sub> Grand     | Ⓢ <sub>20</sub> Sanpete   |                            |
- Q4: How many children under 18 years of age are living at home with you?  
*(write in the amount, if no children, write 0)* \_\_\_\_\_ children at home
- Q5: How many adults (18 years or older) live at home, including yourself?  
*(write in the amount, if only yourself, write 1)* \_\_\_\_\_ adults
- Q6: How would you describe your general health status? (Ⓢ **ONE**) Ⓢ<sub>1</sub> Excellent  
Ⓢ<sub>2</sub> Very Good  
Ⓢ<sub>3</sub> Good  
Ⓢ<sub>4</sub> Fair  
Ⓢ<sub>5</sub> Poor
- Q7: Over the past 12 months, were you employed, that is working for pay, most of the time? (Ⓢ **ONE**) Ⓢ<sub>1</sub> Yes Ⓢ<sub>2</sub> No
- Q8: What was your TOTAL combined HOUSEHOLD income during the year 2000. Include income from all wage earners, and money from ALL SOURCES, not just wages and salaries, and use income BEFORE taxes and other deductions. (Ⓢ **ONE**)
- |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Ⓢ <sub>01</sub> Less than \$5,000   | Ⓢ <sub>06</sub> \$25,000 - \$29,999 | Ⓢ <sub>11</sub> \$50,000 - \$54,999 |
| Ⓢ <sub>02</sub> \$5,000 - \$9,999   | Ⓢ <sub>07</sub> \$30,000 - \$34,999 | Ⓢ <sub>12</sub> \$55,000 - \$59,999 |
| Ⓢ <sub>03</sub> \$10,000 - \$14,999 | Ⓢ <sub>08</sub> \$35,000 - \$39,999 | Ⓢ <sub>13</sub> \$60,000 - \$64,999 |
| Ⓢ <sub>04</sub> \$15,000 - \$19,999 | Ⓢ <sub>09</sub> \$40,000 - \$44,999 | Ⓢ <sub>14</sub> \$65,000 or more    |
| Ⓢ <sub>05</sub> \$20,000 - \$24,999 | Ⓢ <sub>10</sub> \$45,000 - \$49,999 |                                     |

**Thank you very much for your assistance with this survey.  
 Please return the survey to us in the enclosed self-addressed postage-paid envelope.  
 Alternatively, you can call us at the listed on the front of the survey.**

**Thank you for participating in this important survey.** It is our hope that businesses will welcome this opportunity to voice their concerns and expectations regarding the future of healthcare coverage in Utah.

A primary purpose of the survey is to establish a descriptive profile for employment-based health coverage in Utah. Some of the information you provide will be used to identify obstacles associated with employee health benefits programs. Other information will be used to develop more efficient ways to support employers who sponsor health care coverage or identify more efficient options for individual workers.

This worksheet provides an outline of the survey so that you can locate and prepare the requested information in advance. Within the next week or two an interviewer from the private firm of Dan Jones and Associates will call. The interviewer will ask for you by name and then go through your answers to the questions on this worksheet with you. At that time, your information will be entered directly into a computer database for aggregate analysis. Your name and business identity will remain separate from all of the information you provide. Thus anonymity and confidentiality of your participation are guaranteed.

If you have any questions regarding information requested on this worksheet, please contact Rita Hanover at 801-538-6614 or Shane Carlson at 801-538-6821.